

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720000

FILED
Jan 17, 2012
Secretary of State

Entity Name: ISLAND BREAKERS - A CONDOMINIUM, INC.

Current Principal Place of Business:

C/O 150 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

C/O PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-1312689 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PRIDGEN, ALEIDA
Address: 150 OCEAN LN DR 3B
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D
Name: MULLALLY, MIKE
Address: 150 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D
Name: LARDON, JEAN
Address: 150 OCEAN LANE DRIVE, #3G
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T
Name: HERNANDEZ, MARLENE
Address: 105 OCEAN LANE DRIVE 5F
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP
Name: ROJAS, HILARIO
Address: 105 OCEAN LANE DRIVE, #7H
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD
Name: SALDARRIGA, ANGELA
Address: 150 OCEAN LANE DR 10C
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEIDA PRIDGEN

PD

01/17/2012

Electronic Signature of Signing Officer or Director

_____ Date